



Keweenaw Bay Indian Community

16429 Beartown Road, Baraga, Michigan 49908

Phone (906) 353-6623

APPLICATION FOR EMPLOYMENT

Federal law requires that all applications be considered without regard to race, religion, color, sex, age, national origin, marital status or physical handicap except where a reasonable, bonafide occupational qualifier exists. The Keweenaw Bay Indian Community is an Equal Opportunity Employer, subject to the provisions of the INDIAN PREFERENCE ACT. Applications are kept on file for six (6) months from the date they are submitted; additional information may be required.

Position(s) Applied For _____	Date _____
Name _____	_____
Last	First M.I.
Address _____	City, State, Zip _____
Telephone (____) _____	E-Mail address: _____
How would you prefer to be contacted regarding your application? <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail	

Have you been employed by KBIC before? ☐ Yes ☐ No When? _____

Salary desired? _____ Willing to attend training? ☐ Yes ☐ No Date available to start? _____

Available to work? ☐ Full-time ☐ Part-time ☐ Shift ☐ Temporary ☐ On-Call

Possess a valid, unrestricted Driver's License? ☐ Yes ☐ No Can you travel, as the job may require? ☐ Yes ☐ No

Are you age 18 or older? ☐ Yes ☐ No If under 18, can you furnish a work permit? ☐ Yes ☐ No

Can you, after employment, submit proof of U.S. Citizenship? ☐ Yes ☐ No

Are you an enrolled member of a Federally Recognized Indian Tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which tribe? _____	Enrollment # _____
If no, are you of American Indian descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribal Descendency _____
Would you be interested in your application packet being forwarded to the TERO Office to be included in a job pool, so that you can be contacted regarding future job opportunities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
** YOU MUST ATTACH A COPY OF YOUR TRIBAL ENROLLMENT OR PROOF OF DESCENDENCY **	

Are you employed now? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Are you on a lay-off? ☐ Yes ☐ No If so, are you subject to recall? ☐ Yes ☐ No

Do you have any physical, mental, or medical impairment or disability that would limit your job performance for the position(s) you are applying for? ☐ Yes ☐ No If yes, please explain _____

Have you received workers compensation during the last ten (10) years? ☐ Yes ☐ No

If yes, state the nature and date of injury, recurring effects, and degree of disability (applicant will be required to pass a job-related physical exam) _____

MILITARY RECORD

Have you ever served active duty in the Armed Forces of the United States? ☐ Yes ☐ No

Highest Rank attained _____ Branch of Military Service _____

Serial Number _____ Dates of Active Duty From _____ To _____

Type of and Basis for discharge _____ **You MUST attach a copy of your DD 214**

Member of Reserve? ☐ Yes ☐ No If yes, ☐ Ready ☐ Standby Service Branch _____

COURT RECORDS

Have you ever been convicted for violating any law, including any municipal ordinance; Tribal, State, Federal law; or Tribal, State, or Federal Natural Resources; or traffic law? ☐ Yes ☐ No

Have you ever been arrested or convicted of a crime involving a child or elder, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons? ☐ Yes ☐ No

If you answered yes to either question above, you are required to list all such matters:

Date	Place	Charge	Final Disposition	Details

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, when and please explain: _____

EDUCATION

Do you possess a High School Diploma, GED, or Certificate of Completion? ☐ Yes ☐ No (Must provide documentation)

If no, are you a KBIC Member currently working on obtaining your GED? ☐ Yes ☐ No (Must provide documentation)

If no, are you 62 years of age or older? ☐ Yes ☐ No

Dates		Name of School	Location	Course Pursued	Number of Credits	Degree or Diploma
From	To					
<i>High School</i>						
<i>Colleges</i>						
<i>Graduate School</i>						
<i>Miscellaneous</i>						

EMPLOYMENT HISTORY

List, starting with the most recent employer first

Dates		Name/Address/Phone of Employer	Position and Kind of Work	Reason for Leaving
From	To			

Summarize special skills and qualifications acquired from employment and other experiences. Also state any additional information you feel may be helpful in considering your application for employment.

List any machines or equipment that you are qualified and experienced at operating: _____

List any special licenses or certifications your currently possess: _____

SECURITY BACKGROUND CHECK CONSENT FORM

As an employee, prospective employee, or volunteer of the **Keweenaw Bay Indian Community**, I understand it is your policy to secure criminal history information as part of your pre-employment and screening process using the information provided below:

NAME: _____
(please print) LAST FIRST MIDDLE

Maiden Name or names previously used: _____

Birthdate: _____ Race: _____ Sex: _____

SS #: _____ Driver's License #: _____ State: _____

I understand the above information is required by the Keweenaw Bay Indian Community to for the sole purpose of obtaining a criminal history file search. Further, I understand some positions may require a federal criminal history check, especially those positions which include working with children, families, and the elderly.

I hereby authorize the **Keweenaw Bay Indian Community** to obtain information by conducting a Tribal, State and National criminal history check.

States, Tribal Communities, Providences, and Countries I have resided in are listed below:
(MUST BE COMPLETED OR SPECIFICALLY NOTED AS N/A.)

Signature

Date

FOR OFFICIAL USE ONLY

Date sent to MSP: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____ Initials of individual reporting result: _____	Date sent to KBTC: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____ Initials of individual reporting result: _____	Date sent to KBDSS: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____ Initials of individual reporting result: _____	Date sent to MIFIA: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____ Initials of individual reporting result: _____
Date sent to _____: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____ Initials of individual reporting result: _____	Date sent to _____: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____ Initials of individual reporting result: _____	Date sent to _____: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____ Initials of individual reporting result: _____	Date sent to _____: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____ Initials of individual reporting result: _____



AFFIDAVIT AND RELEASE OF INFORMATION

***Please read carefully before signing.
If you have any questions regarding the statements,
please ask us for assistance.***

Under penalty of perjury, I verify the answers given by me to the foregoing questions and the statements made by me in this application for employment are correct, complete and truthful. I understand any false information contained in this application or interview may result in denial or discharge of employment.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Further, I authorize you to communicate with all my former employers, school officials, and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand this application is not intended to be a contract of employment.

I understand the Keweenaw Bay Indian Community conducts pre-employment drug testing and pre-employment physicals. I understand these pre-employment requirements are a condition of employment, and failure to comply will result in denial of employment. Further, I understand any offer of employment is contingent upon the results of such testing. I also understand certain employment positions may require additional testing, such as a tuberculosis screening.

I understand a security background and criminal history check is a condition of employment and requires me to consent, in writing, to such.

I understand as this organization deems necessary, I may be required to work overtime hours or hours outside of a normally defined work day or work week.

If employed, I understand and agree such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.

I also understand I am required to abide by the current personnel policies, and any amendments made to those policies.

Signature _____

Date _____

**APPLICANTS UNDER THE AGE OF 18 MUST
HAVE A PARENT OR LEGAL GUARDIAN COMPLETE THIS PAGE**

INFORMED CONSENT FOR DRUG AND ALCOHOL TESTING OF MINOR CHILD

I am the parent/legal guardian of _____. I hereby consent to allow the Keweenaw Bay Indian Community to administer drug and alcohol tests to my child/ward pursuant to the Keweenaw Bay Indian Community Employee Drug and Alcohol Testing Policy, which requires pre-employment, random, post-accident, reasonable suspicion, return-to-work, and follow-up drug and alcohol testing.

I understand that the substances that will be tested for include, but are not limited to: marijuana, cocaine, amphetamines, opiates, phencyclidine, and alcohol.

I understand that the methods of testing include collection and chemical analysis of urine and breath samples.

I understand that drug and alcohol testing is a condition of employment with the Keweenaw Bay Indian Community, and that refusal to submit to any test, or a positive result on any test administered, will result in my child/ward not being considered a qualified applicant for employment, or, if employed, in disciplinary action against my child/ward up to and including terminations of employment.

I understand that test results will be released to the Medical Records Officer of the Keweenaw Bay Indian Community, the Keweenaw Bay Indian Community Human Resources/Personnel Department, and other authorized personnel of the Keweenaw Bay Indian Community.

Date: _____

(Please Print) Name of Parent/Legal Guardian

Signature

INFORMED CONSENT FOR TUBERCULIN SKIN TEST OF MINOR CHILD

I am the parent/legal guardian of _____. I hereby consent to allow the Keweenaw Bay Indian Community to administer a Tuberculin Skin test to my child/ward pursuant to Indian Health Codes providing for the prevention and control of communicable diseases.

I understand that the procedure will utilize the intradermal (Mantoux) injection test to diagnose and prevent communicable Tuberculosis by positive reactors. Our goal is to offer prompt diagnosis, prevent transmission of the infection to others in the community and suggest appropriate medical treatment to those infected with the disease.

I understand that the Tuberculin Skin Test is a condition of employment for certain positions (among those are health care workers, child care providers and food handlers) at the Keweenaw Bay Indian Community. Refusal to submit to the test or a positive result on the test could result in my child/ward not being considered a qualified applicant for employment.

I further understand that test results will be released to the Keweenaw Bay Indian Community Human Resources/Personnel Department and authorized personnel of the Keweenaw Bay Indian Community.

Date: _____

(Please Print) Name of Parent/Legal Guardian

Signature